RECOVERING FROM DE-DISGNATION

Ya it sucked.



WE TOOK OUR HITS

Dealing the blow to the CEO Dealing the blow to the BOD Input from both Where do we go from here?

WHERE DO WE START?



At the beginning!!

Did we really want to pursue re-designation?

Overwhelming Yes!

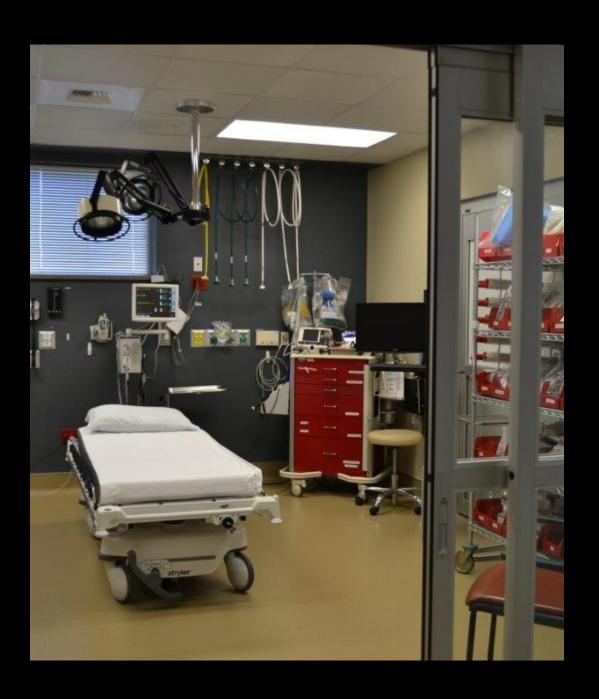
Right people in the right places

In the beginning was a....Performance improvement report with designation review.

What were we doing right?(short list)
What were we doing wrong?(??? Long list)



CURRENT DLMC FACILITY

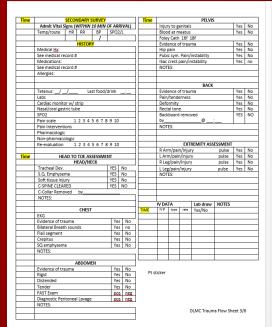


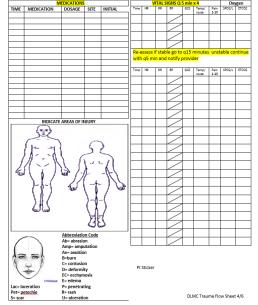
TRAUMA ROOM

TRAUMA FLOW SHEET

DEERLOD	GE TER DLMCTRAUM	A FLOW SH	EET		MPH UNK T	PEDESTRIA HROWN_	N UNK _FT Y/N UNK
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PROVIDER					IMPALEMENT T		
TRAUMA NURSE				OBJECT	DESCRIBE		
TRAUMA NURSE							
XRAY							
LAB					RADIOLOGY S	TUDIES	
RECORDER				TIME	S	TUDY	
OTHER					C.	SPINE	
OTHER						CXR	
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						SPINE	
					LARS		
Transporting Agent				TIME	LABS		
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time	PRIMARY SUR				time	SR	IN	
	UNCONTROLLED BLEEDING Y					Color:		
	Tourniquet Y N time applie		_			Temp:		
	Direct pressure/pressure dress	ing				Moisture:		
	NOTES:					Burns present yes	no	
						NOTES:		
	AIRWAY/C-SPINE IMM							
	AVPU AWAKE VERBAL PAI			ONSIVE			BILITY	
	AIRWAY CLEAR		/ES	NO				nin No
	BLOOD/VOMIT		/ES	NO			CS	
	SUCTIONING REQUIRED		'ES	NO		EYE 4 OPEN SPONTANEOU OPENING 5 OPEN TO VOICE	is	
	LOOSE/MISSING TEETH		rES	NO		2 OPEN TO PAIN		
	EDEMA	Y	rES	NO		1 NO RESPONSE		
	JAW THRUST REQUIRED	Y	rES	NO		VERBAL 5 ORIENTED CONVER RESPONSE (COO/BABBLE)	ES 23	
	OPA NPA	Y	rES	NO		(PEDIATRIC) 4 CONFUSED SPEECH		
	Pre-hospital intubation					(IRRITABLE CRIES) 5 INAPPROPRIATE WI		
**Check	tube placement after every mov	e				(CRIES TO PAIN)	HUS	
**Draw.	ABG's 15min post-intubation					2 INCOMPREHENSIVE		
Time	Airway pking/combitube	ion			(MOANS TO PAIN) 1 NO RESPONSE			
	Devices DETT DCrico	Size		_		MOTOR 6 OBEYS COMMAND		
	RSI- see flowsheet attached	Atter	mpts			RESPONSE (SPONTANEOUS) (PEDIATRIC) 5 LOCALIZES PAIN		
	TUBE PLACEMENT CONFIRMATION				(WITHDRAWS TO T	DUCH)		
	Visualization through vocal cor	ds 1	YES	NO		4 WITHDRAWSFROM		
	Gurgling over epigastrium	YES NO			il .	3 ABNORMAL FLEXIO (ABNORMAL FLEXIO		
	Breath sounds	1	YES	NO		2 ABNORMAL EXTENS	IÓN	
	ETCO2 READING					(ABNORMAL EXTEN 1 NO RESPONS		
	CO2 color change(after 5 breat	ths) ye	llow	purple		PU		
	Equal chest rise					PERRL	Yes	No
	TUBE SECURED					ABNORMALITIES:	103	140
	NOTES:					TIDITOTOTO DI TIEDI.		
	BREATHIN	G				EXPOSURE/ENVIORI	IMENTAL CON	TROIS
	Spontaneous yes no					Trauma naked		
	Assisted yes no				_	Injuries noted:	Yes	No
	Breath sounds present ab:	sent			-	identify:	162	NO
	Needle decompression					identity:		
	Chest tube #1 size lo	cation_						
	INITIAL OUTPUT VOLUME			_ml				
	Chest tube #2 size lo	cation_				Warming measures: bl	ankets <u>bair</u> h	ugger
	INITIAL OUTPUT VOLUME			_ml		Warm fluids		
	NOTES:							
						Transfer consideration	yes no	
	CIRCULATIO	w						
	Cap refill <2sec ves no							
	Pulses central periphe	ral						
	Uncontrolled bleeding yes in	0			Pt stic	ker		
	PREHOSPITAL IV YES NO		ENT	YES NO				
	IV fluids bolus controlled AM	OUNT		ml		DIMCTer	uma flow shee	* 2/6
						DUMC ITS	uma now she	L 2/0
	IV/IO#1 18G 16G 14G LOCA	TION						





FLOWSHEET CONTINUED

								_											
	Amount	Output	Amount		Identifie	d/potential prob	olems		Ad	ditional	l vital :	igns							
Type		Type						_	Time	HR	RR	BP	GCS	Temp/r oute	Pain	SPO2/L	ETCO2		
rystalloids		Urine		-				_	\vdash				_	oute	1-10				
Nood		Chest tube						4											
		NG/Emesis						4				$\overline{}$	\neg						
avage in		Lavage return						4	_			\sim	-						
		Est. Blood loss						4				/							
otal In		Total Out		JI				4											
EFT ED to: Xra	y □ CT ti	me: retu						-				\leftarrow	\rightarrow						
EFT ED to: 🗆 Xra			irned:	11				-				/	_						
EFT ED to: ☐ Xra			irned:					-											
light team Arriva	·	De	part:_	II				-					\neg		-1				
light Team: □Me	d Star 🗆 L	fe Flight □Summ	it □Eagle Med	11				\dashv	\vdash		\vdash		-						
				11								/							
dmitted time:				11				\dashv											
leactivation time	:			⊹				\dashv	\vdash		\vdash		\rightarrow		-				
Discharged time				41	SI	IGNATURES			\perp		\perp		_						
ronounced @			DOA DDAA	Team Leader				+											
by Organ/tissue prod			Yes No	RN #1															
ransfer form cor	curment ci	III complete	Yes No																
urse to nurse re			res No	RN M2					Car	rdiac M	lonitor	Strips							
lurse to nurse re			RN	Recorder				7											
	NU	RSES NOTES						_											
				by	e ordered, n		dical provider on												
				1															
					Sticker													Pt Sti	cker
				1 "	Juckel														
				1															
				1															
				1															DLMC Trauma Flow Shee
				-1		D1440 T	a Flow Sheet 5/6												DUNIC Trauma Flow Shee

- Big kudos from reviewers on flowsheet
- Developed from TNCC guidelines
- Addressed quality areas
- Addressed EMTALA
- MD signs off

Documentation including medications, lab tests and images were ordered, reviewed and approved									
by	medical provider on								
/:date/time.									



IN THE MIDDLE

- Held regular monthly trauma meetings
- Reviewed trauma cases
- Built our trauma committee to include more EMS and transport agencies.



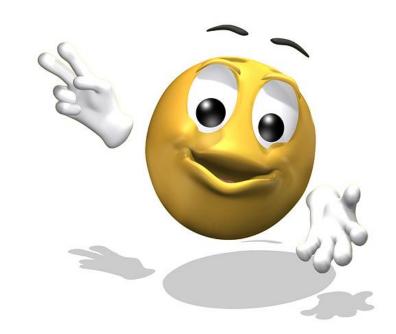
Trauma/Transfer chart review Emergency Department

MR#	DOS	Traum	a Cor	nmittee	Review_	
Trauma/Transfer MOA De	scription					-
Trauma Team Activation f	ield/facility Ti	me:				Trauma flow sheet used Y N
Provider:						
Nursing:				_EMS_		-
EMS Dispatch :						
Enroute:						
At scene:						
Leave scene:						
At destination:						
Monitor		Yes	No	N/A	time	Notes/missing elements
EMS GCS						
CC/BB						
Complete VS						
Trip ticket						
ED Complete VS w/ temp	(route)					
VS within 10 min of a	rrival					
Primary/secondary su	ırvey					
1/0						
Cardiac Monitor w/ st	trip					
Interventions timed						
c-spine maintenance						
c-spine clearance doc						
Wound care						
Warming measures						
Serial VS						
Pain scale documente	ed					
Reassess pain med int	tervention					
Long board >2 hours						
Xray chest/pelvis for t	trauma					
CT's with contrast						
Transfer VS w/in 15 min	of DC					
Disposition		\perp				
Agency air/grou	und					
Transfer form		\perp				
Nurse to nurse						
Provider-provid						
Send/rec facility	y doc					

Informed consent doc		
Risk/bene		
Medical records sent doc		

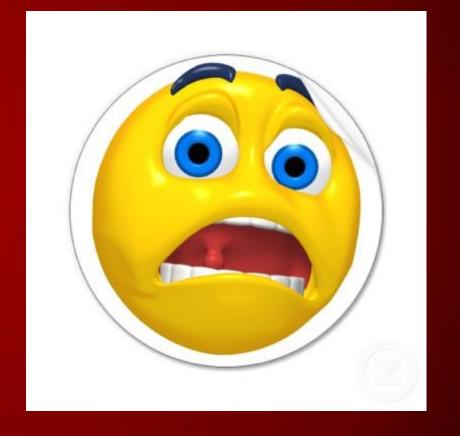
Total ED time	
Care summary:	
Trauma committee Recommendations;	
	·
PI needed:	
<u>System</u>	
<u>uUndertriage</u>	
□Over triage	
□Missed trauma call	
Corrective action □N/A	
ptrend	
peducation	
oguideline protocol	
opeer review	
Comments:	
land dead. The second	
Loop closed: aves and aon-going	
Signatura: Date	

- Complete the Trauma review questionnaire and submit.
- Gather all data
- Invite Carol and Alyssa for a visit
- Compile trauma charts
- Invite Todd Utz for a visit
- Ask a lot of questions
- Compose a power point presentation for the day of the review.





THEY'RE COMMONITIES





WHAT WE LEARNED

The reviewers are not mean spirited people getting their jollies dedesignating facilities. They truly want to help. They are not looking for perfection rather dedication and commitment.



We did it!!

Full designation recommendation!